



CITY OF ALEXANDRIA

Statement of Organization CANDIDATE COMMITTEE

JUN 20 2012

*Please read instructions before completing this form.

VOTER REGISTRATION

ELECTORAL BOARD

<input checked="" type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time.		<input type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization.		
Date Changes Took Effect 		SBE-issued Committee ID 		
Committee Information				
Committee Information	Keating for School Board Name of Candidate Campaign Committee			
	7 1/2 East Myrtle St Street Address/PO Box			
	Suite # 			
	Alexandria VA 22301 City State Zip Code			
	jkseating@beinsaxelrod.com 703.966.3193 Email Address Daytime Phone #			
	Campaign Website			
Candidate Information				
Candidate Information	Keating Salutation Last Name	Justin First Name	Patrick Middle Name	 Suffix
	7 1/2 East Myrtle St Residence Address			Apt #
	Alexandria VA 22301 City State Zip Code			
	Alexandria County or City of Residence			Voter Identification #
	jkseating@beinsaxelrod.com 703.966.3193 Email Address Daytime Phone #			
	<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.			
	Election Information			
Election Information	Alexandria School Board B Office Sought District (if one)			
	N/A Political Party	2012 Year of Election	<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Type of Election	



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Treasurer Information					VOTER REGISTRATION ELECTORAL BOARD	
Treasurer Information	Last Name		First Name		Middle Name	Suffix
	Keating		Justin		Parrick	
	Residence Address					Apt #
	242 East Myrtle St					
	City					State
	Alexandria					VA
					Zip Code	22301
County or City of Residence					Voter Identification #	
jkeating@beinsaxelrod.com					703.966.3193	
Email Address					Daytime Phone #	
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.						
Campaign Depository						
Name of Primary Financial Institution				Name of Other Financial Institution (if applicable)		
City				State		
City				State		
Committee Activity						
Dates of Activity	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")					
	Date first contribution accepted:					N/A
	Date first expenditure made:					N/A
	Date campaign depository designated:					N/A
	Date filing fee paid for party nomination:					N/A
	Date Statement of Qualification filed:					6/12/12
Date treasurer appointed:					6/19/12	

(continued on next page)



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Filing Method	
Filing Method	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input checked="" type="checkbox"/> File electronically using SBE's Electronic Filing Application.</p> <p><input type="checkbox"/> File electronically using an SBE Approved Vendor (Please indicate Name of Vendor: _____)</p> <p><input type="checkbox"/> File paper reports.</p> <p>Signature <u>Justin P. Koeg</u> Date <u>6/20/12</u></p>
Signatures	
Candidate's Signature	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p>Candidate's Signature <u>Justin P. Koeg</u> Date <u>6/19/12</u></p>
Treasurer's Signature	<p>I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p>Treasurer's Signature <u>Justin P. Koeg</u> Date <u>6/19/12</u></p>